



**Iowa Child and Adult Care Food Program
At Risk After School Snack Program
Monthly Menu Form for:**

(month and year)

Institution Name: _____

Site Name: _____

Monday	Date	Date	Date	Date	Date
Tuesday	Date	Date	Date	Date	Date
Wednesday	Date	Date	Date	Date	Date
Thursday	Date	Date	Date	Date	Date
Friday	Date	Date	Date	Date	Date